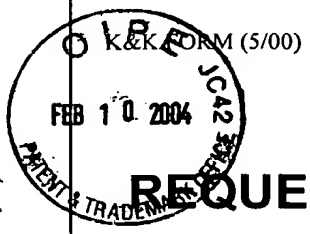


2-12-04

\$ RCE 3162
#10
B. Webb
2/19/04



U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE

REQUEST FOR CONTINUED EXAMINATION (RCE)

TRANSMITTAL FORM (37 C.F.R. § 1.114)

| | | | |
|-----------------------|--------------------------------------|-----------------------------|------------------|
| DOCKET NO. 2565/74 | APPLICATION SERIAL NO. 09/599,334 | EXAMINER Patricia Bianco | ART UNIT 3762 |
|-----------------------|--------------------------------------|-----------------------------|------------------|

INVENTOR(S):
Thomas GRAF, Christoph BARDORZ, Malte GROSS and Rainer GOLDAU

Address to:
Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RECEIVED
FEB 17 2004

TECHNOLOGY CENTER R3700

This is a **request for continued examination** under 37 C.F.R. § 1.114 (RCE) of pending application Serial No. 09/599,334, filed on June 22, 2000, entitled **METHOD OF DETERMINING THE EFFICIENCY OF A DIALYZER OF A DIALYSIS MACHINE AND A DIALYSIS MACHINE FOR CARRYING OUT THIS METHOD.**

The following constitute the submission **required** by 37 C.F.R. § 1.114(a) and is attached:

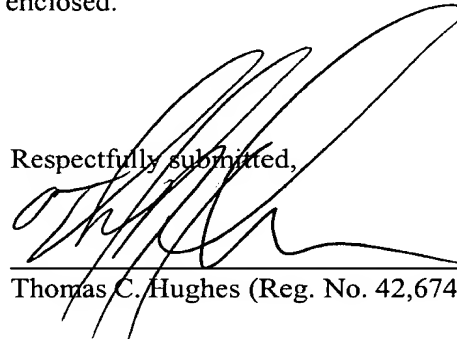
- ☒ Amendment originally filed March 18, 2003
 - ☐ Information Disclosure Statement
 - ☐ Drawing Changes
 - ☐ Other Submission: _____
- 02/13/2004 SSESHE1 00000066 110600 09599334
01 FC:1801 770.00 DA

1. The filing fee for this RCE and the required amendment/submission is calculated below. The fee below is calculated based on the status of the claims after the entry of the attached amendment/submission. The fee for any new additional claims is included with this RCE, the fee for previously entered additional claims having already been paid.

| | CLAIMS REMAINING AFTER AMENDMENT | MINUS | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT NUMBER EXTRA* | RATE (\$) PER CLAIM | FEE (\$) |
|--|---|-------|---|-----------------------------|------------------------------|-----------------------|
| BASIC FEE | | | | | | 770.00 |
| TOTAL CLAIMS | 6 | | 20 | 0 | 18.00 | 0.00 |
| INDEPENDENT CLAIMS | 1 | | 3 | 0 | 86.00 | 0.00 |
| MULTIPLE DEPENDENT CLAIMS | | | | | 280.00 | 0.00 |
| | | | | Must be zero or larger | TOTAL | 770.00 |
| If Applicant is a small entity under 37 C.F.R. §§ 1.9 and 1.27, then divide total fee by 2, and enter amount here. | | | | | | SMALL ENTITY TOTAL |

2. Please charge the required RCE and submission filing fee of **\$770.00** to the deposit account of **Kenyon & Kenyon**, deposit account number **11-0600**.
3. The Commissioner is hereby authorized to charge payment of fees, including any additional fees associated with this communication or arising during the pendency of this application, or to credit any overpayment, to the deposit account of **Kenyon & Kenyon**, deposit account number **11-0600**.
4. A duplicate copy of this transmittal form is enclosed.

Respectfully submitted,


By: _____
Thomas C. Hughes (Reg. No. 42,674)

Dated: February 10, 2004

KENYON & KENYON
One Broadway
New York, New York 10004
(212) 425-7200 (telephone)
(212) 425-5288 (facsimile)